

# APPLICATION

# 1

Extract from Law: If any affidavit or oath required under the provisions of this Act shall contain any false statements, the offender shall be deemed guilty of perjury. And upon indictment and conviction thereof shall be subject to penalties provided by law for that crime.

## STATE OF MARYLAND | MONTGOMERY COUNTY APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

(PLEASE PRINT OR TYPE IN INK)

MAR 22 2024 PM 2:15

To the Board of License Commissioners for Montgomery County:

Application is made by the undersigned under the provisions of Alcoholic Beverages Article of the Annotated Code of Maryland, for an alcoholic beverage license and each applicant submits and certifies to the following information required by said article.

### SECTION 1: LICENSE TYPE INFORMATION

# 1246550

|   |  |  |  |
|---|--|--|--|
| A. Nature of Application:   |  | <input checked="" type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification   |  |
| B. Entity on Whose Behalf Application is Made:  |  | <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual  |  |
| C. Class of License Applied For:<br>CLASS B RESTAURANT - <b>BWL</b>                                   |  | D. Entity Name:<br>PC COSTCO LLC   |  |
| E. Types of Permits Applied For:<br>(See Appendix A)  |  | <input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container<br><input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input checked="" type="checkbox"/> Wine Corkage |  |
| F. Trade Name of Facility:<br>PETER CHANG   |  | G. Is Business a Franchise? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |  |
| H. Address of Facility to be Licensed (No P.O. Box):<br>637 N. FREDERICK AVE., GAITHERSBURG, MD 20879 |  |  |  |

### SECTION 2: APPLICANT INFORMATION

|   |           |                                    |  |  |
|---|-----------|------------------------------------|--|--|
| Applicant A Name:<br>JIN CAI                          |           | Birthdate:<br>03-11-1973           | Personal Phone Number:<br>H: C: 434-422-2280                                     |  |
| Full Address:<br>12556 DEHRING DR., FAIRFAX, VA 22033 |           | Years at this Address:<br>9 MONTHS | Years as Maryland Resident:<br>1 AT 1923 ASHLAND AVE., #201, BALTIMORE, MD 21205 |  |
| Email Address:<br>JIN@PETERZHANGMAMAFOOD.COM          | Sex:<br>F | Place of Birth:<br>SHANGHAI, CHINA |  |  |

If applicant is foreign-born, state:

|  |                                    |                                |
|--|------------------------------------|--------------------------------|
| Immigration Card Number:<br>207-692-274 PERMANENT RESIDENT | If Naturalized, City/State:<br>N/A | Date of Naturalization:<br>N/A |
|--|------------------------------------|--------------------------------|

|   |           |                                     |  |  |
|---|-----------|-------------------------------------|--|--|
| Applicant B Name:<br>XIAODAN ZHENG                  |           | Birthdate:<br>04-18-1990            | Personal Phone Number:<br>H: C: 301-401-8554 |  |
| Full Address:<br>17206 AMITY DR., DERWOOD, MD 20855 |           | Years at this Address:<br>7         | Years as Maryland Resident:<br>10            |  |
| Email Address:<br>XIAODANZHENG822@GMAIL.COM         | Sex:<br>F | Place of Birth:<br>GUANGDONG, CHINA |  |  |

If applicant is foreign-born, state:

|  |  |                                       |
|--|--|---------------------------------------|
| Immigration Card Number:<br>NATURALIZATION CERT. #44667820 | If Naturalized, City/State:<br>BALTIMORE | Date of Naturalization:<br>08-14-2023 |
|--|--|---------------------------------------|

|                          |      |                        |                                |  |
|--------------------------|------|------------------------|--------------------------------|--|
| Applicant C Name:<br>N/A |      | Birthdate:             | Personal Phone Number:<br>H: C |  |
| Full Address:            |      | Years at this Address: | Years as Maryland Resident:    |  |
| Email Address:           | Sex: | Place of Birth:        |                                |  |

If applicant is foreign-born, state:

|                          |                             |                         |
|--------------------------|-----------------------------|-------------------------|
| Immigration Card Number: | If Naturalized, City/State: | Date of Naturalization: |
|--------------------------|-----------------------------|-------------------------|

(NOTE: ALL APPLICANTS WILL BE HEREAFTER REFERRED TO BY THE LETTER A, B, OR C PRECEDING THEIR NAME ABOVE)

(NOTE: COMPLETE ONLY ONE SECTION FOR SECTIONS 3, 4, OR 5, AS APPLIES)

SECTION 3: CORPORATION INFORMATION **N/A**

|   |                                 |  |
|---|---------------------------------|--|
| A. Qualifying Maryland Resident (Indicate with X) |                                 | <input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C |
| B. Name and Full Address of Corporation:          |                                 |  |
| C. Incorporated Under State Laws of:              |                                 | D. Month and Year:   |
| E. Authorized Capital:                            | F. Number of Shares Authorized: | G. Number of Shares Issued:  |

Stockholders (Include all layers equaling 100% owned by individuals and/or publicly traded, use additional sheet if necessary)

| Name (A): | Full Address: | Shares Owned: |
|-----------|---------------|---------------|
| Name (B): | Full Address: | Shares Owned: |
| Name (C): | Full Address: | Shares Owned: |

Corporate Officers:

| Name (A): | Full Address: | Title: |
|-----------|---------------|--------|
| Name (B): | Full Address: | Title: |
| Name (C): | Full Address: | Title: |

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

|   |   |
|---|---|
| A. Qualifying Maryland Resident (Indicate with X)   | <input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C |
| B. Name and Full Address of LLC:<br>PC COSTCO LLC 637 N. FREDERICK AVE., GAITHERSBURG, MD 20879 | C. Authorized Persons of LLC<br>JIN CAI, XIAODAN ZHENG  |
| D. Organized Under State Laws of:<br>MARYLAND   | E. Month and Year:<br>JULY 2023   |

Percentage of Ownership Interest of LLC (Use additional sheet if necessary):

| Name (A):     | Full Address:                                | Percentage: |
|---------------|--|-------------|
| JIN CAI       | 1923 ASHLAND AVE., #201, BALTIMORE, MD 21205 | 34          |
| XIAODAN ZHENG | 17206 AMITY DRIVE, DERWOOD, MD 20855         | 33          |
| LISA ZHENG    | 22651 CLARKSBURG RD., CLARKSBURG, MD 20871   | 33          |

SECTION 5: PARTNERSHIP INFORMATION

|  |                    |
|--|--------------------|
| A. Name and Full Address of Partnership: |                    |
| C. Date on Which Partnership was Formed: | D. In Which State: |

Percentage of Ownership Interest of Partnership (Use additional sheet if necessary):

| Name (A):                              | Full Address:  | Percentage: |
|--|--|-------------|
| Name (B):                              | Full Address:  | Percentage: |
| Name (C):                              | Full Address:  | Percentage: |
| Indicate Who are the General Partners: | <input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C |             |
| Indicate Maryland Residents:           | <input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C |             |

**SECTION 6: ESTABLISHMENT INFORMATION**

|  |   |
|--|---|
| A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.):<br>Free-standing building containing a 4000 SF full-service restaurant with seating for dining, no seated bar, only a "service bar." |   |
| B. Who Will be in Charge of Day-to-Day Operations (General Manager):<br>JIN CAI  |   |
| C. Phone Number of Establishment:<br>NONE YET  | D. Type of Facility/Facility Concept:<br>TABLE-SERVICE RESTAURANT FEATURING AUTHENTIC CHINESE CUISINE                 |
| E. Date Applicant will Begin to Operate:<br>UNKNOWN - UNDER CONSTRUCTION<br>WILL UPDATE BOARD OFFICE AS POSSIBLE   | F. Days and Hours of Operation:<br>MONDAY-THURSDAY 11AM-11PM<br>FRIDAY-SUNDAY 11AM-2AM (2AM OPTION IN CASE OF EVENTS) |

**SECTION 7: LICENSE TRANSFER (COMPLETE ONLY IF TRANSFERRING A LICENSE) N/A**

|   |  |
|---|--|
| A. Names of all Current License Holders:<br>1) 3)<br>2) | B. Date Facility Began Operating:                  |
| C. Location of Current Licensed Facility:               | D. Location to Which License is Being Transferred: |

**SECTION 8: LEASED PREMISES**

|   |  |  |
|---|--|--|
| A. Name of Property Owner:<br>HC & Chang House LLC      | B. Phone Number of Property Owner:<br>443-878-4811 | C. Full Address of Property Owner:<br>4500 East-West Hwy., Suite 100, Bethesda, MD 20814 |
| D. Date Lease Made:<br>APRIL 1, 2024                    | E. Date Lease Expires:<br>MARCH 30, 2034           |  |
| F. State Renewal Options, if any:<br>TWO 5-YEAR OPTIONS |  |  |

**SECTION 9: APPLICANT QUESTIONNAIRE**

Has any applicant ever been:

|   |   |
|---|---|
| 1. Convicted of a felony?   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 5. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 6. Has any applicant ever had a license for the sale of alcoholic beverages?  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held:   |   |
| 7. Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held:  |   |
| 8. Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| If YES, state name and the financial interest owned:  |   |



# APPLICATION

# 2

**STATE OF MARYLAND | MONTGOMERY COUNTY**  
**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**  
 (PLEASE PRINT OR TYPE IN BLOCK)

To the Board of License Commissioners for Montgomery County:

NOV 21 '23 9:14 AM

NOV 23 '23 11:41 AM

# 1170498

**SECTION 3: LICENSE TYPE INFORMATION**

|  |   |   |  |   |
|--|---|---|--|---|
| <b>A. Nature of Application:</b>   | <input checked="" type="checkbox"/> New License   | <input type="checkbox"/> Transfer of Location | <input type="checkbox"/> Transfer of Ownership | <input type="checkbox"/> Reclassification |
| <b>B. Entity on Whose Behalf Application is Made:</b>  | <input checked="" type="checkbox"/> Corporation   |   |  |   |
| <b>C. Class of License Applied For:</b><br>Class B (B/W/L)   | <b>D. Entity Name:</b><br>Akira Gai Inc   |   |  |   |
| <b>E. Types of Permits Applied For:</b><br>(See Appendix A)  | <input type="checkbox"/> Retail (15200) <input type="checkbox"/> Catering <input checked="" type="checkbox"/> Outdoor Catering <input type="checkbox"/> Retailable Container<br><input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage |   |  |   |
| <b>F. Trade Name of Facility:</b><br>Akira Ramen & Izakaya   | <b>G. Is Business a Franchise?</b> <input type="checkbox"/>   |   |  |   |
| <b>H. Address of Facility to be Licensed (No P.O. Box):</b><br>105 Paramount Park Dr, Gaithersburg, MD 20879 |   |   |  |   |

**SECTION 2: APPLICANT INFORMATION**

|  |                                    |  |  |
|--|------------------------------------|--|--|
| <b>Applicant A Name:</b><br>Guangjie Sun                                 | <b>Birthdate:</b><br>04/17/1977    | <b>Personal Phone Number:</b><br>H: 4108552084      C: |  |
| <b>Full Address:</b><br>5712 Whistling Winds Walk, Clarksville, MD 21029 | <b>Years at this Address:</b><br>5 | <b>Years as Maryland Resident:</b><br>7                |  |
| <b>Email Address:</b><br>sun2003@gmail.com                               | <b>Sex:</b><br>male                | <b>Place of Birth:</b><br>Xinmi, China                 |  |

If applicant is foreign-born, state:

|   |  |  |
|---|--|--|
| <b>Immigration Card Number:</b><br>34734880 | <b>If Naturalized, City/State:</b><br>Boston, MA | <b>Date of Naturalization:</b><br>10/18/2012 |
|---|--|--|

|  |                                    |  |  |
|--|------------------------------------|--|--|
| <b>Applicant B Name:</b><br>FAN LI                                     | <b>Birthdate:</b><br>02/14/1983    | <b>Personal Phone Number:</b><br>H:      C: 716-310-5652 |  |
| <b>Full Address:</b><br>11750 CHAPEL ESTATES DR, CLARKSVILLE, MD 21029 | <b>Years at this Address:</b><br>6 | <b>Years as Maryland Resident:</b><br>11                 |  |
| <b>Email Address:</b><br>WYANG0608@GMAIL.COM                           | <b>Sex:</b><br>MALE                | <b>Place of Birth:</b><br>TAIYUAN, CHINA                 |  |

If applicant is foreign-born, state:

|  |   |  |
|--|---|--|
| <b>Immigration Card Number:</b><br>204856685 | <b>If Naturalized, City/State:</b><br>Baltimore, MD | <b>Date of Naturalization:</b><br>10/22/2019 |
|--|---|--|

|                          |                               |   |  |
|--------------------------|-------------------------------|---|--|
| <b>Applicant C Name:</b> | <b>Birthdate:</b>             | <b>Personal Phone Number:</b><br>H:      C: |  |
| <b>Full Address:</b>     | <b>Years at this Address:</b> | <b>Years as Maryland Resident:</b>          |  |
| <b>Email Address:</b>    | <b>Sex:</b>                   | <b>Place of Birth:</b>                      |  |

If applicant is foreign-born, state:

|                                 |                                    |                                |
|---------------------------------|------------------------------------|--------------------------------|
| <b>Immigration Card Number:</b> | <b>If Naturalized, City/State:</b> | <b>Date of Naturalization:</b> |
|---------------------------------|------------------------------------|--------------------------------|

(NOTE: ALL APPLICANTS WILL BE HEREAFTER REFERRED TO BY THE LETTER A, B, OR C PRECEDING THEIR NAME ABOVE)

(NOTE: COMPLETE ONLY ONE SECTION FOR SECTIONS 3, 4, OR 5, AS APPLIES)

SECTION 3: CORPORATION INFORMATION

|   |   |  |
|---|---|--|
| A. Qualifying Maryland Resident (Indicate with X)   |   | <input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C |
| B. Name and Full Address of Corporation:<br><b>AKIRA GAI INC, 105 PARAMOUNT PARK DR, GAITHERSBURG, MD 20879</b> |   |  |
| C. Incorporated Under State Laws of:<br><b>MARYLAND</b>   |   | D. Month and Year:<br><b>MARCH, 2023</b>   |
| E. Authorized Capital:<br><b>\$600,000</b>  | F. Number of Shares Authorized:<br><b>200</b> | G. Number of Shares Issued:<br><b>200</b>  |

Stockholders (Include all layers equaling 100% owned by individuals and/or publicly traded, use additional sheet if necessary)

|                                  |  |                             |
|----------------------------------|--|-----------------------------|
| Name (A):<br><b>Guangjie Sun</b> | Full Address:<br><b>5712 whistling winds walk, clarksville, md 21029</b> | Shares Owned:<br><b>20%</b> |
| Name (B):<br><b>Fan Li</b>       | Full Address:<br><b>11750 CHAPEL ESTATES DR, CLARKSVILLE, MD 21029</b>   | Shares Owned:<br><b>80%</b> |
| Name (C):                        | Full Address:  | Shares Owned:               |

Corporate Officers:

|                                  |   |                                 |
|----------------------------------|---|---------------------------------|
| Name (A):<br><b>Fan Li</b>       | Full Address:<br><b>11750 Chapel Estates Dr. clarksville MD 21029</b>   | Title:<br><b>President</b>      |
| Name (B):<br><b>Guangjie Sun</b> | Full Address:<br><b>5712 Whistling Winds Walk. clarksville MD 21029</b> | Title:<br><b>Vice President</b> |
| Name (C):                        | Full Address:   | Title:                          |

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

|   |  |
|---|--|
| A. Qualifying Maryland Resident (Indicate with X) | <input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C |
| B. Name and Full Address of LLC:                  | C. Authorized Persons of LLC   |
| D. Organized Under State Laws of:                 | E. Month and Year:   |

Percentage of Ownership Interest of LLC (Use additional sheet if necessary):

|           |               |             |
|-----------|---------------|-------------|
| Name (A): | Full Address: | Percentage: |
| Name (B): | Full Address: | Percentage: |
| Name (C): | Full Address: | Percentage: |

SECTION 5: PARTNERSHIP INFORMATION

|  |                    |
|--|--------------------|
| A. Name and Full Address of Partnership: |                    |
| C. Date on Which Partnership was Formed: | D. In Which State: |

Percentage of Ownership Interest of Partnership (Use additional sheet if necessary):

|  |  |             |
|--|--|-------------|
| Name (A):                              | Full Address:  | Percentage: |
| Name (B):                              | Full Address:  | Percentage: |
| Name (C):                              | Full Address:  | Percentage: |
| Indicate Who are the General Partners: | <input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C |             |
| Indicate Maryland Residents:           | <input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C |             |



**SECTION 6: ESTABLISHMENT INFORMATION**

|  |   |
|--|---|
| A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.):<br><b>The restaurant is 2800 square feet and has 85 seats available.</b> |   |
| B. Who Will be in Charge of Day-to-Day Operations (General Manager):<br><b>Guangjie Sun</b>  |   |
| C. Phone Number of Establishment:<br><b>(410) 969-8040</b>   | D. Type of Facility/Facility Concept:<br><b>Restaurant</b>      |
| E. Date Applicant will Begin to Operate:<br><b>Nov 10, 2023</b>  | F. Days and Hours of Operation:<br><b>1130 to 1030 everyday</b> |

**SECTION 7: LICENSE TRANSFER (COMPLETE ONLY IF TRANSFERRING LICENSE)**

|   |  |                                   |
|---|--|-----------------------------------|
| A. Names of all Current License Holders:<br>1) _____ 3) _____<br>2) _____ |  | B. Date Facility Began Operating: |
| C. Location of Current Licensed Facility:                                 | D. Location to Which License is Being Transferred: |                                   |

**SECTION 8: LEASED PREMISES**

|  |   |  |
|--|---|--|
| A. Name of Property Owner:<br><b>BPTC ONE, LLC</b>                   | B. Phone Number of Property Owner:<br><b>301-850-2234</b> | C. Full Address of Property Owner:<br><b>226 Spectrum Avenue, Gaithersburg, MD 20879</b> |
| D. Date Lease Made:<br><b>October 31, 2019</b>                       |   | F. Date Lease Expires:<br><b>November 30, 2033</b>                                       |
| F. State Renewal Options, if any:<br><b>One (1) five year option</b> |   |  |

**SECTION 9: APPLICANT QUESTIONNAIRE**

**Has any applicant ever been:**

|  |   |
|--|---|
| 1. Convicted of a felony?  | YES <input type="checkbox"/> NO <input type="checkbox"/>            |
| 2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?   | YES <input type="checkbox"/> NO <input type="checkbox"/>            |
| 3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?   | YES <input type="checkbox"/> NO <input type="checkbox"/>            |
| 4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?  | YES <input type="checkbox"/> NO <input type="checkbox"/>            |
| 5. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?  | YES <input type="checkbox"/> NO <input type="checkbox"/>            |
| 6. Has any applicant ever had a license for the sale of alcoholic beverages?   | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held:<br><b>Guangjie Sun, Hot Pot Hero, 110 paramount park drive, MD 20879. Since 2019; Chef Lees Element, 521 Quince Orchard Rd, Gaithersburg, MD 20878<br/>Chef Lees Element License since 2022</b>          |   |
| 7. Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?      | <input type="checkbox"/> YES <input type="checkbox"/> NO            |
| If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held:<br><b>Guangjie Sun, Hot Pot Hero, 110 paramount park drive, MD 20879. Since 2019; Chef Lees Element, 521 Quince Orchard Rd, Gaithersburg, MD 20878<br/>Chef Lees Element License since 2022</b> |   |
| 8. Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?   | YES <input type="checkbox"/> NO <input type="checkbox"/>            |
| If YES, state name and the financial interest owned:   |   |

SECTION 10: CERTIFICATES AND SIGNATURES

21. CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has is a resident and taxpayer of the State of Maryland; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest, directly or indirectly, in the premises or facility of the applicant; that the applicant will not hereafter convey or grant to such manufacturer, brewer, distiller, or wholesaler any such interest; and that the applicant at the time of making this application has no indebtedness or other financial obligation and will not hereafter incur any such indebtedness or financial obligation to any manufacturer, brewer, distiller, or wholesaler.

Each of said applicants hereby certifies further that if the license applied for is granted, he/she will conform to all State and County laws and regulations relating to the sale of alcoholic beverages, as well as, to the rules and regulations of the Board of License Commissioners for Montgomery County, and hereby grants permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

(A) Guangjie Sun

Signature of Applicant

(B) Fan Li

Signature of Applicant

(C) \_\_\_\_\_

Signature of Applicant

(D) Fan Li

(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature

22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the owner of the property named in the foregoing application for an alcoholic beverage license and that I hereby consent to the use of the said property for the sale thereon of such alcoholic beverages as may be permitted by law, and I do hereby grant permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

Peter J. Henry

Signature of the Property Owner

BPTC One, LLC By: Peter J. Henry, Co-Manager

Printed Name of Property Owner

226 Spectrum Ave, Gaithersburg, MD 20879 202-494-1311

Address of Property Owner

Phone of Property Owner

# APPLICATION

# 3

Extract from Law: If any affidavit or oath required under the provisions of this Act shall contain any false statements, the offender shall be deemed guilty of perjury. And upon indictment and conviction thereof shall be subject to penalties provided by law for that crime.

**STATE OF MARYLAND | MONTGOMERY COUNTY**  
**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**  
 (PLEASE PRINT OR TYPE IN INK)

To the Board of License Commissioners for Montgomery County:

Application is made by the undersigned under the provisions of Alcoholic Beverages Article of the Annotated Code of Maryland, for an alcoholic beverage license and each applicant submits and certifies to the following information required by said article.

**SECTION 1: LICENSE TYPE INFORMATION**

# 123 0498

FEB 25 '24 04:51

|  |  |  |  |
|--|--|--|--|
| <b>A. Nature of Application:</b>   |  | <input checked="" type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification   |  |
| <b>B. Entity on Whose Behalf Application is Made:</b>  |  | <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual  |  |
| <b>C. Class of License Applied For:</b>  |  | <b>D. Entity Name:</b>   |  |
| Class B (beer, wine & liquor on sale; BBWLHR)  |  | EI Tenampa III, LLC  |  |
| <b>E. Types of Permits Applied For:</b><br>(See Appendix A)  |  | <input type="checkbox"/> Tasting (\$200) <input checked="" type="checkbox"/> Catering <input checked="" type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container<br><input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input checked="" type="checkbox"/> Wine Corkage |  |
| <b>F. Trade Name of Facility:</b><br>Chido's Tex-Mex Grill   |  | <b>G. Is Business a Franchise?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  |
| <b>H. Address of Facility to be Licensed (No P.O. Box):</b><br>931 Ellsworth Driver, Silver Spring, MD 20910 |  |  |  |

**SECTION 2: APPLICANT INFORMATION**

|  |                                 |  |   |
|--|---------------------------------|--|---|
| <b>Applicant A Name:</b><br>Fidel Isnardo Rincon                   | <b>Birthdate:</b><br>01/15/1973 | <b>Personal Phone Number:</b>                      |   |
|  |                                 | H:   | C: (202) 360-8680                                       |
| <b>Full Address:</b><br>16904 Harbour Town Drive, Ashton, MD 20861 |                                 | <b>Years at this Address:</b><br>2 years, 7 months | <b>Years as Maryland Resident:</b><br>18 years, 1 month |
| <b>Email Address:</b><br>rinconfidel@gmail.com                     | <b>Sex:</b><br>Male             | <b>Place of Birth:</b><br>Barranquilla, Colombia   |   |

If applicant is foreign-born, state:

|                                 |  |   |
|---------------------------------|--|---|
| <b>Immigration Card Number:</b> | <b>If Naturalized, City/State:</b><br>Baltimore/MD | <b>Date of Naturalization:</b><br>August 10, 2015 |
|---------------------------------|--|---|

|                          |                   |                               |                                    |
|--------------------------|-------------------|-------------------------------|------------------------------------|
| <b>Applicant B Name:</b> | <b>Birthdate:</b> | <b>Personal Phone Number:</b> |                                    |
|                          |                   | H:                            | C:                                 |
| <b>Full Address:</b>     |                   | <b>Years at this Address:</b> | <b>Years as Maryland Resident:</b> |
| <b>Email Address:</b>    | <b>Sex:</b>       | <b>Place of Birth:</b>        |                                    |

If applicant is foreign-born, state:

|                                 |                                    |                                |
|---------------------------------|------------------------------------|--------------------------------|
| <b>Immigration Card Number:</b> | <b>If Naturalized, City/State:</b> | <b>Date of Naturalization:</b> |
|---------------------------------|------------------------------------|--------------------------------|

|                          |                   |                               |                                    |
|--------------------------|-------------------|-------------------------------|------------------------------------|
| <b>Applicant C Name:</b> | <b>Birthdate:</b> | <b>Personal Phone Number:</b> |                                    |
|                          |                   | H:                            | C:                                 |
| <b>Full Address:</b>     |                   | <b>Years at this Address:</b> | <b>Years as Maryland Resident:</b> |
| <b>Email Address:</b>    | <b>Sex:</b>       | <b>Place of Birth:</b>        |                                    |

If applicant is foreign-born, state:

|                                 |                                    |                                |
|---------------------------------|------------------------------------|--------------------------------|
| <b>Immigration Card Number:</b> | <b>If Naturalized, City/State:</b> | <b>Date of Naturalization:</b> |
|---------------------------------|------------------------------------|--------------------------------|

(NOTE: ALL APPLICANTS WILL BE HEREAFTER REFERRED TO BY THE LETTER A, B, OR C PRECEDING THEIR NAME ABOVE)

(NOTE: COMPLETE ONLY ONE SECTION FOR SECTIONS 3, 4, OR 5, AS APPLIES)

**SECTION 3: CORPORATION INFORMATION**

|   |                                 |  |
|---|---------------------------------|--|
| A. Qualifying Maryland Resident (Indicate with X) |                                 | <input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C |
| B. Name and Full Address of Corporation:          |                                 |  |
| C. Incorporated Under State Laws of:              |                                 | D. Month and Year:   |
| E. Authorized Capital:                            | F. Number of Shares Authorized: | G. Number of Shares Issued:  |

Stockholders (Include all layers equaling 100% owned by individuals and/or publicly traded, use additional sheet if necessary)

|           |               |               |
|-----------|---------------|---------------|
| Name (A): | Full Address: | Shares Owned: |
| Name (B): | Full Address: | Shares Owned: |
| Name (C): | Full Address: | Shares Owned: |

Corporate Officers:

|           |               |        |
|-----------|---------------|--------|
| Name (A): | Full Address: | Title: |
| Name (B): | Full Address: | Title: |
| Name (C): | Full Address: | Title: |

**SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION**

|   |   |
|---|---|
| A. Qualifying Maryland Resident (Indicate with X)   | <input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C |
| B. Name and Full Address of LLC:<br>El Tenampa III, LLC; 14600 Laurel Place, Laurel, MD 20707 | C. Authorized Persons of LLC<br><b>Fidel Isnardo Rincon</b>   |
| D. Organized Under State Laws of:<br>Maryland   | E. Month and Year:<br>December 2023   |

Percentage of Ownership Interest of LLC (Use additional sheet if necessary):

|                                   |   |                     |
|-----------------------------------|---|---------------------|
| Name (A):<br>Fidel Isnardo Rincon | Full Address:<br>16904 Harbour Town Drive, Ashton, MD 20861 | Percentage:<br>100% |
| Name (B):                         | Full Address:   | Percentage:         |
| Name (C):                         | Full Address:   | Percentage:         |

**SECTION 5: PARTNERSHIP INFORMATION**

|  |                    |
|--|--------------------|
| A. Name and Full Address of Partnership: |                    |
| C. Date on Which Partnership was Formed: | D. In Which State: |

Percentage of Ownership Interest of Partnership (Use additional sheet if necessary):

|  |  |             |
|--|--|-------------|
| Name (A):                              | Full Address:  | Percentage: |
| Name (B):                              | Full Address:  | Percentage: |
| Name (C):                              | Full Address:  | Percentage: |
| Indicate Who are the General Partners: | <input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C |             |
| Indicate Maryland Residents:           | <input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C |             |

**SECTION 6: ESTABLISHMENT INFORMATION**

|  |  |
|--|--|
| <b>A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.):</b><br>A 7,619 sq. ft. restaurant within "Downtown Silver Spring/Gateway Plaza"; approx. 160-180 seats; plans to sell beer, wine, and liquor. |  |
| <b>B. Who Will be in Charge of Day-to-Day Operations (General Manager):</b><br>Fidel I. Rincon   |  |
| <b>C. Phone Number of Establishment:</b><br>Not yet open.  | <b>D. Type of Facility/Facility Concept:</b><br>Full-service Tex-Mex restaurant with full service bar.   |
| <b>E. Date Applicant will Begin to Operate:</b><br>July 1, 2024 (approx.)  | <b>F. Days and Hours of Operation:</b><br>Mon-Wed, 11:00 am to 10:00 pm; Thu, 11:00 am to 11:00 pm; Fri, 11:00 am to 12:00 am; Sat, 10:30 am to 12:00 am; Sun, 10:30 am to 10:00 pm. |

**SECTION 7: LICENSE TRANSFER (COMPLETE ONLY IF TRANSFERRING A LICENSE)**

|  |   |  |
|--|---|--|
| <b>A. Names of all Current License Holders:</b><br>1) 3)<br>2) |   | <b>B. Date Facility Began Operating:</b> |
| <b>C. Location of Current Licensed Facility:</b>               | <b>D. Location to Which License is Being Transferred:</b> |  |

**SECTION 8: LEASED PREMISES**

|   |   |   |
|---|---|---|
| <b>A. Name of Property Owner:</b><br>PFA-C SILVER SPRING, LC    | <b>B. Phone Number of Property Owner:</b><br>C/o The Peterson Companies; (703) 227-2000 | <b>C. Full Address of Property Owner:</b><br>12500 Fair Lakes Circle, Ste. 400, Fairfax, VA 22033 |
| <b>D. Date Lease Made:</b><br>On or about January 16, 2024      |   | <b>E. Date Lease Expires:</b><br>approx. June 1, 2034   |
| <b>F. State Renewal Options, if any:</b><br>One 5-year renewal. |   |   |

**SECTION 9: APPLICANT QUESTIONNAIRE**

Has any applicant ever been:

|   |   |
|---|---|
| 1. Convicted of a felony?   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?   | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 6. Has any applicant ever had a license for the sale of alcoholic beverages?  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held:   |   |
| 7. Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland? | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held:  |   |
| Fidel I. Rincon, owner of Chido's Tex-Mex Restaurant located at 14600 Laurel Place, Laurel, MD 20707, licensed since 2016.  |   |
| 8. Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| If YES, state name and the financial interest owned:  |   |


**SECTION 10: CERTIFICATES AND SIGNATURES**

21. CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has is a resident and taxpayer of the State of Maryland; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest, directly or indirectly, in the premises or facility of the applicant; that the applicant will not hereafter convey or grant to such manufacturer, brewer, distiller, or wholesaler any such interest; and that the applicant at the time of making this application has no indebtedness or other financial obligation and will not hereafter incur any such indebtedness or financial obligation to any manufacturer, brewer, distiller, or wholesaler.

**Each of said applicants hereby certifies further that if the license applied for is granted, he/she will conform to all State and County laws and regulations relating to the sale of alcoholic beverages, as well as, to the rules and regulations of the Board of License Commissioners for Montgomery County, and hereby grants permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.**

Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

(A)   
-----  
*Signature of Applicant*

(B) \_\_\_\_\_  
*Signature of Applicant*

(C) \_\_\_\_\_  
*Signature of Applicant*

(D) \_\_\_\_\_  
(FOR CORPORATION APPLICATIONS ONLY) *Corporate President Signature*

22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the owner of the property named in the foregoing application for an alcoholic beverage license and that I hereby consent to the use of the said property for the sale thereon of such alcoholic beverages as may be permitted by law, and I do hereby grant permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

\_\_\_\_\_  
*Signature of the Property Owner*

\_\_\_\_\_  
Printed Name of Property Owner

\_\_\_\_\_  
Address of Property Owner

\_\_\_\_\_  
Phone of Property Owner

**SECTION 10: CERTIFICATES AND SIGNATURES**

21. CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has is a resident and taxpayer of the State of Maryland; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest directly or indirectly, in the premises or facility of the applicant; that the applicant will not hereafter convey or grant to such manufacturer, brewer, distiller, or wholesaler any such interest; and that the applicant at the time of making this application has no indebtedness or other financial obligation and will not hereafter incur any such indebtedness or financial obligation to any manufacturer, brewer, distiller, or wholesaler.

Each of said applicants hereby certifies further that if the license applied for is granted, he/she will conform to all State and County laws and regulations relating to the sale of alcoholic beverages, as well as, to the rules and regulations of the Board of License Commissioners for Montgomery County, and hereby grants permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

**Affidavit:**

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

  
Signature of Applicant

(B) \_\_\_\_\_

Signature of Applicant

(C) \_\_\_\_\_

Signature of Applicant

(D) \_\_\_\_\_

(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature

22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the owner of the property named in the foregoing application for an alcoholic beverage license and that I hereby consent to the use of the said property for the sale thereof of such alcoholic beverages as may be permitted by law, and I do hereby grant permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

**Property Owner:**

PFA-C SILVER SPRING, LC, a Maryland limited liability company

By: PFA Silver Spring Manager, LC, a Maryland limited liability company, its Manager

By:   
Name: Peter A. ...  
Title: FP-Argo Group Manager

Address:  
12435 Park Potomac Ave. Ste. 200  
Potomac, MD 20854  
Telephone: (240) 499-9600

By:   
Name: Sam M. Peterson  
Title: Peterson Group Manager

Address:  
12500 Fair Lakes Cir., Ste. 400  
Fairfax, VA 22033  
Telephone: (703) 277-2000



# APPLICATION

# 4

Extract from Law: If any affidavit or oath required under the provisions of this Act shall contain any false statements, the offender shall be deemed guilty of perjury. And upon indictment and conviction thereof shall be subject to penalties provided by law for that crime.

**STATE OF MARYLAND | MONTGOMERY COUNTY**  
**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**  
 (PLEASE PRINT OR TYPE IN INK)

*revised*  
 FEB 5 2018

To the Board of License Commissioners for Montgomery County:

Application is made by the undersigned under the provisions of Alcoholic Beverages Article of the Annotated Code of Maryland, for an alcoholic beverage license and each applicant submits and certifies to the following information required by said article.

**SECTION 1: LICENSE TYPE INFORMATION**

*# 1205504*

|   |  |
|---|--|
| <b>A. Nature of Application:</b>  | <input checked="" type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification   |
| <b>B. Entity on Whose Behalf Application is Made:</b>   | <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual  |
| <b>C. Class of License Applied For:</b><br>Class B - Beer, Wine and Liquor                        | <b>D. Entity Name:</b><br>NFBG, LLC  |
| <b>E. Types of Permits Applied For:</b><br>(See Appendix A)                                       | Tasting (\$200) <input checked="" type="checkbox"/> Catering <input checked="" type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container<br>Retail Delivery <input type="checkbox"/> Spirits for Cooking <input checked="" type="checkbox"/> Wine Corkage |
| <b>F. Trade Name of Facility:</b><br>Normandie Farm   |  |
| <b>G. Address of Facility to be Licensed (No P.O. Box):</b><br>10710 Falls Road Potomac, MD 20854 |  |

**SECTION 2: APPLICANT INFORMATION**

|   |                                    |   |                                    |
|---|------------------------------------|---|------------------------------------|
| <b>Applicant A Name:</b><br>Ian Hilton                            | <b>Birthdate:</b><br>March 3, 1972 | <b>Personal Phone Number:</b><br>H: 202-286-0582 C: |                                    |
| <b>Full Address:</b><br>2413 N Vermont Street Arlington, VA 22207 |                                    | <b>Years at this Address:</b><br>6                  | <b>Years as Maryland Resident:</b> |
| <b>Email Address:</b><br>ihilton1@gmail.com                       | <b>Sex:</b><br>Make                | <b>Place of Birth:</b><br>Washington, DC. USA       |                                    |
| <b>If applicant is foreign-born, state:</b>                       |                                    |   |                                    |
| <b>Immigration Card Number:</b>                                   | <b>If Naturalized, City/State:</b> | <b>Date of Naturalization:</b>                      |                                    |

|   |                                    |   |                                    |
|---|------------------------------------|---|------------------------------------|
| <b>Applicant B Name:</b><br>Richard Eric Hilton                   | <b>Birthdate:</b><br>12/25/1965    | <b>Personal Phone Number:</b><br>H: 202-286-0582 C: |                                    |
| <b>Full Address:</b><br>2318 California St NW Washington DC 20008 |                                    | <b>Years at this Address:</b><br>4                  | <b>Years as Maryland Resident:</b> |
| <b>Email Address:</b><br>eh@eslmusic.com                          | <b>Sex:</b><br>Male                | <b>Place of Birth:</b><br>Washington DC             |                                    |
| <b>If applicant is foreign-born, state:</b>                       |                                    |   |                                    |
| <b>Immigration Card Number:</b>                                   | <b>If Naturalized, City/State:</b> | <b>Date of Naturalization:</b>                      |                                    |

|  |   |   |  |
|--|---|---|--|
| <b>Applicant C Name:</b><br>Jamima Staples                     | <b>Birthdate:</b><br>09/26/1996                     | <b>Personal Phone Number:</b><br>H: 202-286-0582 C: |  |
| <b>Full Address:</b><br>1241 Danielle drive Frederick md 21703 |   | <b>Years at this Address:</b><br>1 year             | <b>Years as Maryland Resident:</b><br>13 years |
| <b>Email Address:</b><br>jamimastaples@gmail.com               | <b>Sex:</b><br>Female                               | <b>Place of Birth:</b><br>Myanmar                   |  |
| <b>If applicant is foreign-born, state:</b>                    |   |   |  |
| <b>Immigration Card Number:</b>                                | <b>If Naturalized, City/State:</b><br>Baltimore, MD | <b>Date of Naturalization:</b><br>November of 2016  |  |

(NOTE: ALL APPLICANTS WILL BE HEREAFTER REFERRED TO BY THE LETTER A, B, OR C PRECEDING THEIR NAME ABOVE)

(NOTE: COMPLETE ONLY ONE SECTION FOR SECTIONS 3, 4, OR 5, AS APPLIES)

**SECTION 3: CORPORATION INFORMATION**

|   |                                 |  |  |
|---|---------------------------------|--|--|
| A. Qualifying Maryland Resident (Indicate with X) |                                 | <input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C |  |
| B. Name and Full Address of Corporation:          |                                 |  |  |
| C. Incorporated Under State Laws of:              |                                 | D. Month and Year:   |  |
| E. Authorized Capital:                            | F. Number of Shares Authorized: | G. Number of Shares Issued:  |  |

Stockholders (Include all layers equaling 100% owned by individuals and/or publicly traded, use additional sheet if necessary)

|           |               |               |
|-----------|---------------|---------------|
| Name (A): | Full Address: | Shares Owned: |
| Name (B): | Full Address: | Shares Owned: |
| Name (C): | Full Address: | Shares Owned: |

Corporate Officers:

|           |               |        |
|-----------|---------------|--------|
| Name (A): | Full Address: | Title: |
| Name (B): | Full Address: | Title: |
| Name (C): | Full Address: | Title: |

**SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION**

|  |   |  |
|--|---|--|
| A. Qualifying Maryland Resident (Indicate with X)                                      | <input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input checked="" type="checkbox"/> Applicant C |  |
| B. Name and Full Address of LLC:<br>NFBG, LLC<br>104 Thompson Road, Chester, MD, 21619 | C. Authorized Persons of LLC<br>Ian Hilton, Richard Hilton, Jamina Staples  |  |
| D. Organized Under State Laws of:<br>MD  | E. Month and Year:<br>January 2022  |  |

Percentage of Ownership Interest of LLC (Use additional sheet if necessary):

|   |   |                    |
|---|---|--------------------|
| Name (A):<br>Ian Hilton                                 | Full Address:<br>2413 N Vermont Street Arlington, VA 22207  | Percentage:<br>25% |
| Name (B):<br>Richard Eric Hilton                        | Full Address:<br>2318 California St NW Washington DC 20008  | Percentage:<br>25% |
| Name (C):<br>Black Hops Farm LLC<br>Pub Investments LLC | Full Address:<br>3050 Chain Bridge Road, Suite 200, Fairfax, Virginia 22030<br>PO Box 5443 Herndon VA 20172 | Percentage:<br>25% |

**SECTION 5: PARTNERSHIP INFORMATION**

|  |                    |
|--|--------------------|
| A. Name and Full Address of Partnership: |                    |
| C. Date on Which Partnership was Formed: | D. In Which State: |

Percentage of Ownership Interest of Partnership (Use additional sheet if necessary):

|  |  |             |
|--|--|-------------|
| Name (A):                              | Full Address:  | Percentage: |
| Name (B):                              | Full Address:  | Percentage: |
| Name (C):                              | Full Address:  | Percentage: |
| Indicate Who are the General Partners: | <input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C |             |
| Indicate Maryland Residents:           | <input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C |             |

## SECTION 6: ESTABLISHMENT INFORMATION

|   |  |
|---|--|
| <b>A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.):</b><br><small>There are several components to this business that will be activated over time. Initially we will open as an event space with a small restaurant component on the interior. Next we intend to add an outdoor beer garden and additional outdoor event space. Subsequent additions could include a brewery, tasting room, and larger, full service restaurant</small> |  |
| <b>B. Who Will be in Charge of Day-to-Day Operations (General Manager):</b><br>General Manager position not filled in yet. <b>STEVEN RYAN</b> <b>STEVEN@PUB-PARTNER.COM</b>   |  |
| <b>C. Phone Number of Establishment:</b><br>202-813-3196  | <b>D. Type of Facility/Facility Concept:</b><br>Events/restaurant/brewery    |
| <b>E. Date Applicant will Begin to Operate:</b><br><br>March 2024   | <b>F. Days and Hours of Operation:</b><br><br>7 days a week, 7am – 2am daily |

## SECTION 7: LICENSE TRANSFER (COMPLETE ONLY IF TRANSFERRING A LICENSE)

|  |   |  |
|--|---|--|
| <b>A. Names of all Current License Holders:</b><br>1) _____ 3) _____<br>2) _____ |   | <b>B. Date Facility Began Operating:</b> |
| <b>C. Location of Current Licensed Facility:</b>                                 | <b>D. Location to Which License is Being Transferred:</b> |  |

## SECTION 8: LEASED PREMISES

|  |   |   |
|--|---|---|
| <b>A. Name of Property Owner:</b><br>NORMANDY FARMS JOINT VENTURE,   | <b>B. Phone Number of Property Owner:</b><br>202-669-7399 | <b>C. Full Address of Property Owner:</b><br>10701 Stanmore Drive, Potomac MD 20854               |
| <b>D. Date Lease Made:</b><br>12/10/2021   |   | <b>E. Date Lease Expires:</b><br>The first Lease Year shall bend twelve (12) full calendar months |
| <b>F. State Renewal Options, if any:</b><br><small>Each Lease Year shall commence on the day following the expiration of the preceding Lease Year and shall end at the expiration of twelve (12) calendar months thereafter or, if earlier, the Expiration Date.</small> |   |   |

## SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

|   |   |
|---|---|
| 1. Convicted of a felony?   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 5. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 6. Has any applicant ever had a license for the sale of alcoholic beverages?  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held:<br><br><b>Please see attached document labeled "Previous licenses"</b>  |   |
| 7. Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held:  |   |
| 8. Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| If YES, state name and the financial interest owned:  |   |

**SECTION 10: CERTIFICATES AND SIGNATURES**

21. CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has is a resident and taxpayer of the State of Maryland; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest, directly or indirectly, in the premises or facility of the applicant; that the applicant will not hereafter convey or grant to such manufacturer, brewer, distiller, or wholesaler any such interest; and that the applicant at the time of making this application has no indebtedness or other financial obligation and will not hereafter incur any such indebtedness or financial obligation to any manufacturer, brewer, distiller, or wholesaler.

Each of said applicants hereby certifies further that if the license applied for is granted, he/she will conform to all State and County laws and regulations relating to the sale of alcoholic beverages, as well as, to the rules and regulations of the Board of License Commissioners for Montgomery County, and herby grants permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

(A) DocuSigned by:  
Ian Hilton

82CF82C43873437...  
Applied for by:  
(B) Steven Ryan

1142AEFC22ED450...  
Applied for by:  
(C) Sam Stoy

A8670363713C4CE...  
Signature of Applicant (D) \_\_\_\_\_

(FOR CORPORATION APPLICATIONS ONLY) *Corporate President Signature*

22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the owner of the property named in the foregoing application for an alcoholic beverage license and that I hereby consent to the use of the said property for the sale thereon of such alcoholic beverages as may be permitted by law, and I do hereby grant permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

DocuSigned by:  
Harry Spondis  
CE109E8299CE44F...

Signature of the Property Owner

Printed Name of Property Owner

Address of Property Owner

Phone of Property Owner

**SECTION 10: CERTIFICATES AND SIGNATURES**

21. CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has is a resident and taxpayer of the State of Maryland; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest, directly or indirectly, in the premises or facility of the applicant; that the applicant will not hereafter convey or grant to such manufacturer, brewer, distiller, or wholesaler any such interest; and that the applicant at the time of making this application has no indebtedness or other financial obligation and will not hereafter incur any such indebtedness or financial obligation to any manufacturer, brewer, distiller, or wholesaler.

Each of said applicants hereby certifies further that if the license applied for is granted, he/she will conform to all State and County laws and regulations relating to the sale of alcoholic beverages, as well as, to the rules and regulations of the Board of License Commissioners for Montgomery County, and herby grants permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

DocuSigned by:  
 (A) \_\_\_\_\_  
 A8870363713C4CE...  
 Signature of Applicant

(B) \_\_\_\_\_  
 9E90E6141D4F4AE...  
 Signature of Applicant

(C) \_\_\_\_\_

Signature of Applicant

(D) \_\_\_\_\_

(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature

22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the owner of the property named in the foregoing application for an alcoholic beverage license and that I hereby consent to the use of the said property for the sale thereon of such alcoholic beverages as may be permitted by law, and I do hereby grant permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

DocuSigned by:  
 Harry Sporidis  
 CET09EB295CE44F...  
 Signature of the Property Owner  
 Harry Sporidis

Printed Name of Property Owner  
Harry Sporidis

2026697399

Address of Property Owner

Phone of Property Owner

# APPLICATION

# 5

Extract from Law: If any affidavit or oath required under the provisions of this Act shall contain any false statements, the offender shall be deemed guilty of perjury. And upon indictment and conviction thereof shall be subject to penalties provided by law for that crime.

**STATE OF MARYLAND | MONTGOMERY COUNTY  
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

(PLEASE PRINT OR TYPE IN INK)

*revised*

JAN 25 '24 PM 4:54

To the Board of License Commissioners for Montgomery County:

Application is made by the undersigned under the provisions of Alcoholic Beverages Article of the Annotated Code of Maryland, for an alcoholic beverage license and each applicant submits and certifies to the following information required by said article.

# 1129447

**SECTION 1: LICENSE TYPE INFORMATION**

|  |  |   |  |
|--|--|---|--|
| <b>A. Nature of Application:</b>   |  | <input checked="" type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification  |  |
| <b>B. Entity on Whose Behalf Application is Made:</b>  |  | <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual   |  |
| <b>C. Class of License Applied For:</b><br>B(BWL)  |  | <b>D. Entity Name:</b><br>Kura Sushi USA ,Inc   |  |
| <b>E. Types of Permits Applied For:</b><br>(See Appendix A)  |  | <input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container<br><input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage |  |
| <b>F. Trade Name of Facility:</b><br>Kura Revolving Sushi Bar  |  | <b>G. Is Business a Franchise?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |  |
| <b>H. Address of Facility to be Licensed (No P.O. Box):</b><br>12266 Rockville Pike Rockville Maryland 20852 |  |   |  |

**SECTION 2: APPLICANT INFORMATION**

|   |                                 |   |   |
|---|---------------------------------|---|---|
| <b>Applicant A Name:</b><br>Jeffrey J. Uttz                         | <b>Birthdate:</b><br>02/26/1969 | <b>Personal Phone Number:</b><br>H: N/A C: (949) 773-9216 |   |
| <b>Full Address:</b><br>110 Clark Rd., Bernardsville, NJ 07924-1014 |                                 | <b>Years at this Address:</b><br>1 year                   | <b>Years as Maryland Resident:</b><br>N/A |
| <b>Email Address:</b><br>j.uttz@kurausa.com                         | <b>Sex:</b><br>M                | <b>Place of Birth:</b><br>Long Beach, CA                  |   |

If applicant is foreign-born, state:

|  |   |                                       |
|--|---|---------------------------------------|
| <b>Immigration Card Number:</b><br>N/A | <b>If Naturalized, City/State:</b><br>N/A | <b>Date of Naturalization:</b><br>N/A |
|--|---|---------------------------------------|

|  |                                 |   |   |
|--|---------------------------------|---|---|
| <b>Applicant B Name:</b><br>Arlene E. Petokas            | <b>Birthdate:</b><br>01/24/1969 | <b>Personal Phone Number:</b><br>H: N/A C: (949) 322 - 3252 |   |
| <b>Full Address:</b><br>5015 Alcorn Lane Irvine CA 92603 |                                 | <b>Years at this Address:</b><br>6 years                    | <b>Years as Maryland Resident:</b><br>N/A |
| <b>Email Address:</b><br>a.petokas@kurausa.com           | <b>Sex:</b><br>F                | <b>Place of Birth:</b><br>Long Beach, CA                    |   |

If applicant is foreign-born, state:

|  |   |                                       |
|--|---|---------------------------------------|
| <b>Immigration Card Number:</b><br>N/A | <b>If Naturalized, City/State:</b><br>N/A | <b>Date of Naturalization:</b><br>N/A |
|--|---|---------------------------------------|

|   |                                 |  |  |
|---|---------------------------------|--|--|
| <b>Applicant C Name:</b><br>Bryce M. Ziskind                  | <b>Birthdate:</b><br>07/14/1990 | <b>Personal Phone Number:</b><br>H: N/A C 443-243-0066 |  |
| <b>Full Address:</b><br>133 Ravenswood Court, Joppa, MD 21085 |                                 | <b>Years at this Address:</b><br>2                     | <b>Years as Maryland Resident:</b><br>33 |
| <b>Email Address:</b><br>bziskind@rmmr.com                    | <b>Sex:</b><br>Male             | <b>Place of Birth:</b><br>Baltimore, MD                |  |

If applicant is foreign-born, state:

|  |   |                                       |
|--|---|---------------------------------------|
| <b>Immigration Card Number:</b><br>N/A | <b>If Naturalized, City/State:</b><br>N/A | <b>Date of Naturalization:</b><br>N/A |
|--|---|---------------------------------------|

**(NOTE: ALL APPLICANTS WILL BE HEREAFTER REFERRED TO BY THE LETTER A, B, OR C PRECEDING THEIR NAME ABOVE)**



(NOTE: COMPLETE ONLY ONE SECTION FOR SECTIONS 3, 4, OR 5, AS APPLIES)

**SECTION 3: CORPORATION INFORMATION**

|  |   |   |
|--|---|---|
| A. Qualifying Maryland Resident (Indicate with X)  |   | <input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input checked="" type="checkbox"/> Applicant C |
| B. Name and Full Address of Corporation:<br><b>Kura Sushi USA, Inc.; 17461 Derian Ave, Suite 200, Irvine, CA 92614</b> |   |   |
| C. Incorporated Under State Laws of:<br>Delaware   |   | D. Month and Year:<br>October 2017  |
| E. Authorized Capital:<br>1,350,000  | F. Number of Shares Authorized:<br>12,000,000 | G. Number of Shares Issued:<br>11,147,176   |

Stockholders (Include all layers equaling 100% owned by individuals and/or publicly traded, use additional sheet if necessary)

|                              |  |  |
|------------------------------|--|--|
| Name (A):<br>Kura Sushi Inc. | Full Address:<br>1-2-2 Fukasaka Naka-Ku Saki-Shi, Osaka 599-8253 | Shares Owned:<br>54.53% (Tokyo Stock Exchange) |
| Name (B):<br>Cede & Company  | Full Address:<br>21 Via Puesto, San Clemente, CA 92673           | Shares Owned:<br>45.47%(NASDAQ)                |
| Name (C):                    | Full Address:  | Shares Owned:                                  |

Corporate Officers:

|                                |  |                                   |
|--------------------------------|--|-----------------------------------|
| Name (A):<br>Jeffrey J. Uttz   | Full Address:<br>110 Clark Rd., Bernardsville, NJ 07924-1014 | Title:<br>Chief Financial Officer |
| Name (B):<br>Arlene E. Petokas | Full Address:<br>5015 Alcorn Lane, Irvine, CA 92603          | Title:<br>Chief People Officer    |
| Name (C):<br>Bryce Ziskind     | Full Address:<br>133 Ravenswood Court, Joppa, MD 21085       | Title:<br>Compliance Officer      |

**SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION**

|   |  |
|---|--|
| A. Qualifying Maryland Resident (Indicate with X) | <input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C |
| B. Name and Full Address of LLC:<br><b>N/A</b>    | C. Authorized Persons of LLC   |
| D. Organized Under State Laws of:                 | E. Month and Year:   |

Percentage of Ownership Interest of LLC (Use additional sheet if necessary):

|           |               |             |
|-----------|---------------|-------------|
| Name (A): | Full Address: | Percentage: |
| Name (B): | Full Address: | Percentage: |
| Name (C): | Full Address: | Percentage: |

**SECTION 5: PARTNERSHIP INFORMATION**

|  |                    |
|--|--------------------|
| A. Name and Full Address of Partnership:<br><b>N/A</b> |                    |
| C. Date on Which Partnership was Formed:               | D. In Which State: |

Percentage of Ownership Interest of Partnership (Use additional sheet if necessary):

|  |  |             |
|--|--|-------------|
| Name (A):                              | Full Address:  | Percentage: |
| Name (B):                              | Full Address:  | Percentage: |
| Name (C):                              | Full Address:  | Percentage: |
| Indicate Who are the General Partners: | <input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C |             |
| Indicate Maryland Residents:           | <input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C |             |

**SECTION 6: ESTABLISHMENT INFORMATION**

|  |  |
|--|--|
| <b>A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.):</b><br>Approximately 3,325 sq ft restaurant located within existing commercial strip shopping center. |  |
| <b>B. Who Will be in Charge of Day-to-Day Operations (General Manager):</b><br>John Lee  |  |
| <b>C. Phone Number of Establishment:</b><br>TBD  | <b>D. Type of Facility/Facility Concept:</b><br>Restaurant serving sushi & other Japanese cuisine. |
| <b>E. Date Applicant will Begin to Operate:</b><br>July 2024   | <b>F. Days and Hours of Operation:</b><br>Monday - Saturday 11:30am-9pm<br>Sunday 10am-9pm         |

**SECTION 7: LICENSE TRANSFER (COMPLETE ONLY IF TRANSFERRING A LICENSE)**

|   |   |  |
|---|---|--|
| <b>A. Names of all Current License Holders:</b><br>1) N/A<br>2) | 3)  | <b>B. Date Facility Began Operating:</b> |
| <b>C. Location of Current Licensed Facility:</b>                | <b>D. Location to Which License is Being Transferred:</b> |  |

**SECTION 8: LEASED PREMISES**

|   |   |   |
|---|---|---|
| <b>A. Name of Property Owner:</b><br>Federal Realty OP LP       | <b>B. Phone Number of Property Owner:</b><br>301-998-8100 | <b>C. Full Address of Property Owner:</b><br>909 Rose Ave Suite 200 North Bethesda MD 20852 |
| <b>D. Date Lease Made:</b><br>08/17/2023                        |   | <b>E. Date Lease Expires:</b><br>07/31/2033   |
| <b>F. State Renewal Options, if any:</b><br>Two 5-year options. |   |   |

**SECTION 9: APPLICANT QUESTIONNAIRE**

Has any applicant ever been:

|  |   |
|--|---|
| <b>1. Convicted of a felony?</b>   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| <b>2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?</b>  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| <b>3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?</b>  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| <b>4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?</b>   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| <b>5: Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?</b>   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| <b>6. Has any applicant ever had a license for the sale of alcoholic beverages?</b>  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held:</b><br>Mr. Ziskind has held the Not Your Average Joe's license (10400 Old Georgetown Rd, 6A, Bethesda, MD 20814) since 8/22/23.   |   |
| <b>7: Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?</b> | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| <b>If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held:</b><br>N/A   |   |
| <b>8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?</b>  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>If YES, state name and the financial interest owned:</b><br>Kura Sushi USA, Inc. is publicly traded on NASDAQ.  |   |

**SECTION 10: CERTIFICATES AND SIGNATURES**

21. CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has is a resident and taxpayer of the State of Maryland; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest, directly or indirectly, in the premises or facility of the applicant; that the applicant will not hereafter convey or grant to such manufacturer, brewer, distiller, or wholesaler any such interest; and that the applicant at the time of making this application has no indebtedness or other financial obligation and will not hereafter incur any such indebtedness or financial obligation to any manufacturer, brewer, distiller, or wholesaler.

Each of said applicants hereby certifies further that if the license applied for is granted, he/she will conform to all State and County laws and regulations relating to the sale of alcoholic beverages, as well as, to the rules and regulations of the Board of License Commissioners for Montgomery County, and hereby grants permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

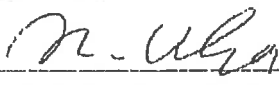
Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

(A)   
Signature of Applicant

(B) \_\_\_\_\_  
Signature of Applicant

(C)   
Signature of Applicant

(D)   
(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature

22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the owner of the property named in the foregoing application for an alcoholic beverage license and that I hereby consent to the use of the said property for the sale thereon of such alcoholic beverages as may be permitted by law, and I do hereby grant permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

FEDERAL REALTY OP, LP

Rebecca D. Walker

Signature of the Property Owner

Rebecca D. Walker Title: Vice President, Head of Legal-Real Estate

Printed Name of Property Owner

909 Rose Avenue, Suite 200, N. Bethesda, MD 20852 301-998-8371

Address of Property Owner

Phone of Property Owner

# APPLICATION

# 6



(NOTE: COMPLETE ONLY ONE SECTION FOR SECTIONS 3, 4, OR 5, AS APPLIES)

**SECTION 3: CORPORATION INFORMATION**

|   |                                 |  |  |
|---|---------------------------------|--|--|
| A. Qualifying Maryland Resident (Indicate with X) |                                 | <input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C |  |
| B. Name and Full Address of Corporation:          |                                 |  |  |
| C. Incorporated Under State Laws of:              |                                 | D. Month and Year:   |  |
| E. Authorized Capital:                            | F. Number of Shares Authorized: | G. Number of Shares Issued:  |  |

Stockholders (Include all layers equaling 100% owned by individuals and/or publicly traded, use additional sheet if necessary)

| Name (A): | Full Address: | Shares Owned: |
|-----------|---------------|---------------|
| Name (B): | Full Address: | Shares Owned: |
| Name (C): | Full Address: | Shares Owned: |

Corporate Officers:

|           |               |        |
|-----------|---------------|--------|
| Name (A): | Full Address: | Title: |
| Name (B): | Full Address: | Title: |
| Name (C): | Full Address: | Title: |

**SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION**

|  |  |   |  |
|--|--|---|--|
| A. Qualifying Maryland Resident (Indicate with X)  |  | <input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C |  |
| B. Name and Full Address of LLC:<br>JOSAM, LLC 1341 University Blvd. E., Takoma Park, MD 20912 |  | C. Authorized Persons of LLC<br>Dinora Valladares $\frac{1}{2}$<br>Jorge Menendez Colocho                                 |  |
| D. Organized Under State Laws of:<br>Maryland  |  | E. Month and Year:<br>03/2018   |  |

Percentage of Ownership Interest of LLC (Use additional sheet if necessary):

| Name (A):              | Full Address:                              | Percentage: |
|------------------------|--|-------------|
| Jorge Menendez Colocho | 2029 Thunderhead Way, Germantown, MD 20874 | 50%         |
| Dinora Valladares      | 2029 Thunderhead Way, Germantown, MD 20874 | 50%         |
| Name (C):              | Full Address:                              | Percentage: |

**SECTION 5: PARTNERSHIP INFORMATION**

|  |                    |
|--|--------------------|
| A. Name and Full Address of Partnership: |                    |
| C. Date on Which Partnership was Formed: | D. In Which State: |

Percentage of Ownership Interest of Partnership (Use additional sheet if necessary):

|  |  |             |
|--|--|-------------|
| Name (A):                              | Full Address:  | Percentage: |
| Name (B):                              | Full Address:  | Percentage: |
| Name (C):                              | Full Address:  | Percentage: |
| Indicate Who are the General Partners: | <input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C |             |
| Indicate Maryland Residents:           | <input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C |             |

## SECTION 6: ESTABLISHMENT INFORMATION

|  |  |
|--|--|
| A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.):<br>Appx 3,725 square foot sit down restaurant on 1st floor of 2 story strip center |  |
| B. Who Will be in Charge of Day-to-Day Operations (General Manager):<br>Dinora Valladares  |  |
| C. Phone Number of Establishment:<br>301-434-9200  | D. Type of Facility/Facility Concept:<br>Sit down restaurant serving seafood and Salvadoran cuisine  |
| E. Date Applicant will Begin to Operate:<br>April 1, 2024  | F. Days and Hours of Operation:<br>Sun - Thurs: 11:00 am - 12:00 am<br>Fri & Sat: 11:00 am - 2:00 am |

## SECTION 7: LICENSE TRANSFER (COMPLETE ONLY IF TRANSFERRING A LICENSE)

|  |  |
|--|--|
| A. Names of all Current License Holders:<br>1) _____<br>2) _____<br>3) _____ | B. Date Facility Began Operating:                  |
| C. Location of Current Licensed Facility:                                    | D. Location to Which License is Being Transferred: |

## SECTION 8: LEASED PREMISES

|   |  |  |
|---|--|--|
| A. Name of Property Owner:<br>Unilang Park Associates LP          | B. Phone Number of Property Owner:<br>703-578-4000 | C. Full Address of Property Owner:<br>6031 Leesburg Pike, Falls Church, VA 22041 |
| D. Date Lease Made:<br>January 1, 2024                            | E. Date Lease Expires:<br>December 31, 2034        |  |
| F. State Renewal Options, if any:<br>1 Renewal option for 5 years |  |  |

## SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

|   |   |
|---|---|
| 1. Convicted of a felony?   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 5: Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 6. Has any applicant ever had a license for the sale of alcoholic beverages?  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held:<br>Jorge Menendez Colocho, Omega Lounge, 1401 University Blvd. E., Hyattsville, MD 20783 (2015-2018)  |   |
| 7: Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held:  |   |
| 8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| If YES, state name and the financial interest owned:  |   |

**SECTION 10: CERTIFICATES AND SIGNATURES**

21. CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has is a resident and taxpayer of the State of Maryland; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest, directly or indirectly, in the premises or facility of the applicant; that the applicant will not hereafter convey or grant to such manufacturer, brewer, distiller, or wholesaler any such interest; and that the applicant at the time of making this application has no indebtedness or other financial obligation and will not hereafter incur any such indebtedness or financial obligation to any manufacturer, brewer, distiller, or wholesaler.

Each of said applicants hereby certifies further that if the license applied for is granted, he/she will conform to all State and County laws and regulations relating to the sale of alcoholic beverages, as well as, to the rules and regulations of the Board of License Commissioners for Montgomery County, and hereby grants permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

(A)   
Dina Valladares (Feb 29, 2024 08:56 EST)

Signature of Applicant

(B)   
Jorge Mendez Colacho (Feb 29, 2024 08:55 EST)

Signature of Applicant

(C) \_\_\_\_\_

Signature of Applicant

(D) \_\_\_\_\_

(FOR CORPORATION APPLICATIONS ONLY) *Corporate President Signature*

22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the owner of the property named in the foregoing application for an alcoholic beverage license and that I hereby consent to the use of the said property for the sale thereon of such alcoholic beverages as may be permitted by law, and I do hereby grant permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

see attached

Signature of the Property Owner

Printed Name of Property Owner

Address of Property Owner

Phone of Property Owner



**SECTION 10: CERTIFICATES AND SIGNATURES**

21. CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has is a resident and taxpayer of the State of Maryland; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest, directly or indirectly, in the premises or facility of the applicant; that the applicant will not hereafter convey or grant to such manufacturer, brewer, distiller, or wholesaler any such interest; and that the applicant at the time of making this application has no indebtedness or other financial obligation and will not hereafter incur any such indebtedness or financial obligation to any manufacturer, brewer, distiller, or wholesaler.

Each of said applicants hereby certifies further that if the license applied for is granted, he/she will conform to all State and County laws and regulations relating to the sale of alcoholic beverages, as well as, to the rules and regulations of the Board of License Commissioners for Montgomery County, and hereby grants permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

(A) \_\_\_\_\_

Signature of Applicant

(B) \_\_\_\_\_

Signature of Applicant

(C) \_\_\_\_\_

Signature of Applicant

(D) \_\_\_\_\_

(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature

22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the owner of the property named in the foregoing application for an alcoholic beverage license and that I hereby consent to the use of the said property for the sale thereon of such alcoholic beverages as may be permitted by law, and I do hereby grant permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

UNILAW6 PARK ASSOCIATES LIMITED PARTNERSHIP

By: Jay Katzen, GENERAL PARTNER

Signature of the Property Owner

JAY KATZEN

Printed Name of Property Owner

C/O RENAUD CONSULTING 703-404-2346

Address of Property Owner

Phone of Property Owner

8605 WESTWOOD CENTER DRIVE  
SUITE 410  
VIENNA, VA, 22182